PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This for appropriate. All further co-indicated unless corrected maintenance fee notification	orm should be used for prespondence including below or directed others.	or transmitting the ISSU g the Patent, advance or crwise in Block 1, by (a					
CURRENT CORRESPONDEN	Note Fee(s pape	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
06111 7	590 11/30/	2006	HATO				
GENERAL ELE GE AVIATION ONE NEUMANN	I her State addre trans	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
CINCINNATI, OI	H 45215						(Depositor's name)
							(Signature)
					···		(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/727.898 12/01/2000			Thomas William Birdwell		13DV13419 3672		
TITLE OF INVENTION: N	METHOD OF PROCES	SSING TEST INFORMA	TION				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOT	'AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$0 \$170		02/28/2007
EXAMIN	IER	ART UNIT	CLASS-SUBCLASS				
LU, KUEN S		2167	707-100000				
1. Change of correspondence address or indication of "Fee Address" (CFR 1.363). Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is regulred.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a	single firm (having as a member a y or agent) and the names of up to it attorneys or agents. If no name is			
(A) NAME OF ASSIGN General El	ss an assignee is identi in 37 CFR 3.11. Comp NEE Lectric Comp	fied below, no assignee letion of this form is NO any	data will appear on the pa T a substitute for filing an a (B) RESIDENCE: (CITY	tent. If an assignussignment, and STATE OR C	OUNTRY)		
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	Individual 🗖 Co	rporation or	other private gro	up entity Government
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number							
5. Change in Entity Statu a. Applicant claims: NOTE: The Issue Fee and	SMALL ENTITY Statu	s. See (1.1 <u>7</u>	b. Applicant is no long				
interest as shown by the re-	cords of the Inited Sta	es Paten And Trademark	Office.	ie appricant, a regi	sicioù attorne	y or agent, or the	c assignee of other party in
Authorized Signature 4	4)14		Date Fe	bruary	9, 2007	
Typed or printed name	Robert B.	Reeser, III		Registration N	to. 45,5	48	
This collection of informat an application. Confidentia submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 2231	3-1430.		on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO				